

of the myoclonic type, and 1 was a mixed form. Seven cases ended fatally.

*Pressure of the fluid* was found slightly increased in 8 cases, in the remainder it was normal. The *colour* was always clear. *Albuminoids* were found by Boveri's reaction in 7 cases but to a slight extent. The *reducing power* was lessened in 1 case (myoclonic type), increased in 11, and normal in 4. Two to 14 lymphocytes per c.mm. were found. Leucocytosis were present in 12 cases, with very low figures—4 to 6 per cent.

The author summarises his conclusions as follows: "(1) The cerebro-spinal fluid in encephalitis patients is not to be considered normal. (2) The alterations of the liquid are always slight either in connection with the cytological examination or in connection with the presence of albuminoids, and with reducing power. (3) In all phases of the disease the liquid always shows the same slightness of alterations; in its initial phase, however, it shows its anomalies more easily. (4) The different clinical types of epidemic encephalitis (lethargic form, myoclonic form, mental form) show no particularly characteristic cerebro-spinal fluid. (5) The slightness of the alterations and their uniformity in all phases of the disease are facts of great importance, especially in view of the diagnosis of epidemic encephalitis, so that it may be possible to differentiate this disease from the different forms of meningitis, particularly from tuberculous meningitis and syphilitic meningitis."

C. W. FORSYTH.

*Mental Forms of Epidemic Encephalitis* [*Les formes mentales d'encéphalite épidémique*]. (*L'Encéphale*, November, 1920.) Briand, M., and Rouquier, A.

The authors distinguish:

(1) The primitive mental form (confusional, delirious, or hallucinatory), often rapidly fatal. This form resembles the acute delirium of older authors.

(2) Psychopathic sequelæ (hypomania, depression, hebephrenia-catatonia, of variable evolution and prognosis), secondary to encephalitis.

(3) Motor manifestations, having many and various forms, either organic or mental, and upon which suggestion may graft hysterical symptoms.

These clinical forms appear to arise from different localisations, and very probably from variations in the pathogenic agent on the one hand and in the resistance of the soil on the other. W. J. A. ERSKINE.

*Brain Tumours as seen in Hospitals for the Insane.* (*Arch. Neur. and Psychiat.*, April, 1920.) Morse, Mary E.

Chiefly to inquire why in asylum cases brain tumour is so often undiagnosed, the writer has reviewed all the cases of brain tumour that came to necropsy in the last ten years in five State hospitals for the insane. Excluding gummata, they numbered forty-six, or about 1.7 per cent. of all necropsies (about the same percentage as for general hospitals). Frontal tumours predominated (33 per cent.). In only about 25 per cent. of the cases was tumour diagnosed during life, even tentatively. Most of the patients were admitted in the late stages of the disease. About